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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Valladaves Construction UC (Name of Limited Liability Company)							
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to:							
Mayra Vallanar Person)							
Valladaves Construction UC (Firm/Company)							
5094 W. Steel Driver Bd.							
Hobbs, May Mer 40 88240 (City/State and Zip Code)							
For further information concerning this matter, please call:							
(Area Code & Daytime Telephone Number)							
Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	imited liability company:	as it appears on the rece	ords of the Florid	а Dераг	tment
of State is: <u>Va</u>	Madares Co	instruction.	uc		
2. The Florida docu	ment/registration number	assigned to this limited	l liability compan	y is:	,
	nber/manager withdrew/re			301	2023
4. I CUS (Prini No	me of Person Resigning)	, hereby withdra	w/resign as a		
Men	Print Title)				
of this limited liab resignation in wri	ility company and affirm ting.	the limited liability cor	mpany has been n	otified c	of my
Fa	w.ke				
Signature of Dis	sociating Member or Res	igning Manager		2023 DE	71
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PARTY SOUTH	2023 DEC 15 PH 3	ILED